



**AUSTRALIAN ENDURANCE RIDERS ASSOCIATION INCORPORATED  
INVASIVE TREATMENT - VETERINARIAN**

**To be completed by the Treatment Veterinarian**

Please read the IT explanatory information leaflet before completing this form.

Please use BLOCK LETTERS except for Signatures.

Rider Bib No:
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**SECTION 1: RIDE, RIDER & HORSE DETAILS**

<b>RIDE INFORMATION</b>	RIDE NAME	STATE	DATE OF RIDE / /
	RIDE ENTERED <input checked="" type="checkbox"/> ( ) ENDURANCE ( ) TRAINING ( ) INTRODUCTORY	DISTANCE	KMS RIDE STARTED AM/PM

<b>RIDER INFORMATION</b>	RIDERS NAME	STATE MEMBERSHIP NO:
	IF A DAY MEMBER OBTAIN RESIDENTIAL ADDRESS:	

<b>RESPONSIBLE MEMBER</b>	MEMBERS NAME (IF NOT THE RIDER)	STATE MEMBERSHIP NO:
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<b>HORSE INFORMATION</b>	HORSES NAME			BREED
	AERA HORSE LOGBOOK NO:	COLOUR	AGE	SEX <input checked="" type="checkbox"/> ( ) M ( ) G ( ) S

**SECTION 2: ADMISSION, EXAMINATION and COST ESTIMATE**

THE HORSE WAS PRESENTED TO ME AT : AM / PM ON THE / /	STAGE OF COMPETITION WHEN PRESENTED: <input checked="" type="checkbox"/> ( ) PRE-RIDE ( ) POST RIDE ( ) OFF COURSE DURING LEG NO: ___ AND ___ KMS TRAVELLED ( ) DURING HOLD TIME OFF LEG NO: ___
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PARAMETERS AT THE TIME OF PRESENTATION									
HR	RESP	TEMP	MUC MEM	CAP REFILL	SKIN RECOIL	HEART SOUNDS	GUT SOUNDS	MUSCLE TONE	BODY SCORE

PRESENTATION NOTES:

DIAGNOSIS:

The estimated cost of treatment assuming the horse's current condition does not deteriorate and the horse responds to the planned treatment is \$	I acknowledge the diagnosis, treatment plan and estimated cost. Rider / Responsible Members signature.
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**SECTION 3: DISCHARGE & RELEASE CONDITIONS**

PARAMETERS AT TIME OF DISCHARGE

HR	RESP	TEMP	MUC MEM	CAP REFILL	SKIN RECOIL	HEART SOUNDS	GUT SOUNDS	MUSCLE TONE

**VETERINARY INSTRUCTIONS TO RIDER / RESPONSIBLE MEMBER:**

( ) THE HORSE HAS RECOVERED SUFFICIENTLY TO BE RELEASED AND MAY TRAVEL AFTER ( ) HOUR(S) BUT IS RELEASED SUBJECT TO CONTINUING OBSERVATION BY THE RIDER / RESPONSIBLE MEMBER.

( ) THE HORSE MUST BE PRESENTED TO THE FOLLOWING VETERINARY FACILITY FOR FURTHER OBSERVATION AND/OR TREATMENT. THE FACILITY HAS BEEN NOTIFIED ( ) YES ( ) NO  
NAME OF VETERINARY FACILITY:

ADDRESS:

PHONE NUMBER:

( ) OTHER SPECIFY

TIME OF RELEASE	AM/PM	GRADE OF INVASIVE TREATMENT (circle)	<b>Moderate or Severe</b>
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**SECTION 4: REST ORDER DETAILS**

IS A REST ORDER BEING PLACED ON THIS HORSE?  ( ) YES ( ) NO

IF YES, THE HORSE WILL BE INELIGIBLE TO COMPETE IN ANY AERA AFFILIATED EVENT FOR ( ) WEEKS (MAX 52). THE TIME PERIOD SHALL COMMENCE FROM THE DATE OF THE TREATMENT BEING THE / /

THE REASON FOR THE REST ORDER IS;   
( ) LAMENESS ( ) INJURY ( ) METABOLIC ( ) OTHER (specify)

IF A REST ORDER HAS BEEN ISSUED, IS THE HORSE REQUIRED TO COMPETE AT ITS NEXT AFFILIATED ENDURANCE EVENT AT NOVICE LEVEL?  ( ) YES ( ) NO

**RIDER / RESPONSIBLE MEMBER TO READ AND SIGN**

I acknowledge that the horse is released to me subject to the conditions listed in the Discharge section of this form and agree to abide by the instructions. I understand that the horse's logbook will not be returned until all veterinary fees have been paid and that the logbook may be retained by the Chief Steward if a Rest Order has been issued.

NAME:

SIGNATURE:

DATE: / /

PHONE:

EMAIL:

NAME	SIGNATURE	DATE	PHONE	EMAIL
TREATMENT VET		/ /		
HEAD VET		/ /		
CHIEF STEWARD		/ /		

